

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ELECTRIC LAMP WITH RECESSED LENS

identified as attorney docket number 03-1-515-D5, the specification of which [X] is attached hereto. [] was filed on _____ as Appln. Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

William E. Meyer

Reg. No. 30,719

OSRAM SYLVANIA Inc., 100 Endicott Street, Danvers, MA 01923

Address all telephone calls to (978) 750-2384.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR, Jeffrey P. Buschmann

Signature _____ Date _____

Residence: 609 Lakeshore Drive, Lexington, KY 40502

Post Office Address: Same as above.

Citizenship: U.S.A.

FULL NAME OF SECOND JOINT INVENTOR, IF ANY Kevin R. Davies

Signature _____ Date _____

Residence 217 Virginia Avenue, Apt. 305, Lexington, KY 40508

Post Office Address Same as above.

Citizenship U.S.A.